

Tribunal Advisory Committee, 29 May 2019

## Review of Practice Notes

### Executive Summary

Practice Notes exist to provide guidance to Panels of the Practice Committees as well as to parties with an interest or involvement in fitness to practise proceedings. All Practice Notes undergo regular review.

Some areas for further review/ update have been identified for the following two Practice Notes. Clean current copies of the Practice Notes are attached.

### **Finding Fitness to Practise Impaired**

- Legal review required to ensure the note is up to date, consistent and covers all relevant issues;
- Review/ inclusion of issues raised by the PSA, for example the public component of impairment;
- Inclusion of a reference to the Article 30 Reviews Practice Note in relation to panel consideration of impairment after the final hearing.

### **Drafting Decisions**

- Review of the conditions bank annexed in the Practice Note. This would involve a review of a sample of 'best practice' conditions and incorporate feedback received from panels, Case Managers and Presenting Officers;
- Further guidance regarding reasoning for both components of impairment;
- Consideration of inclusion of the 'final hearing decision tree.'

### **Decision**

The Tribunal Advisory Committee is asked to discuss and advise on any relevant changes to the attached Practice Notes.

### **Appendices**

Appendix one: Practice Note: Finding Fitness to Practise Impaired

Appendix two: Practice Note: Drafting Decisions

Appendix three: Final hearing decision tree

## Health and Care Professions Tribunal Service

# PRACTICE NOTE

## Finding that Fitness to Practise is “Impaired”

This Practice Note has been issued by the Council for the Guidance of Panels and to assist those appearing before them.

### Introduction

In determining whether an allegation is ‘well founded’, a Panel must decide whether the HCPC, which has the burden of persuasion in relation to the facts alleged, has discharged that burden and, in consequence, whether the registrant’s fitness to practise is impaired. Whether those facts amount to the statutory ground of the allegation and constitute impairment is not a matter which needs to be ‘proved’ but is a matter of judgement for the Panel.<sup>1</sup>

### Impairment

An allegation is comprised of three elements, which Panels are required to consider sequentially:

1. whether the facts set out in the allegation are proved;
2. whether those facts amount to the statutory ground set out in the allegation (e.g. misconduct or lack of competence); and
3. in consequence, whether the registrant’s fitness to practise is impaired.

It is important for Panels to remember that the test of impairment is expressed in the present tense; that fitness to practice “is impaired”. As the Court of Appeal noted in *GMC v Meadow*:<sup>2</sup>

*“...the purpose of FTP procedures is not to punish the practitioner for past misdoings but to protect the public against the acts and omissions of those who are not fit to practise. The [Panel] thus looks forward not back. However, in order to form a view as to the fitness of a person to practise today, it is evident*

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<sup>1</sup> *CRHP v. GMC and Biswas* [2006] EWHC 464 (Admin).

<sup>2</sup> [2006] EWCA Civ 1319

*that it will have to take account of the way in which the person concerned has acted or failed to act in the past”.*

Although the Panel’s task is not to “punish for past misdoings”, it does need to take account of past acts or omissions in determining whether a registrant’s present fitness to practice is impaired.

### **Factors to be taken into account**

In *Cohen v GMC*<sup>3</sup> the High Court stated that it was “critically important” to appreciate the different tasks which Panels undertake at each of step in the adjudicative process.

The initial task for the Panel is:

*“to consider the [allegations] and decide on the evidence whether the [allegations] are proved in a way in which a jury... has to decide whether the defendant is guilty of each count in the indictment. At this stage, the Panel is not considering any other aspect of the case, such as whether the [registrant] has a good record or... performed any other aspect of the work... with the required level of skill”.*

Subsequently, the Panel is:

*“concerned with the issue of whether in the light of any misconduct [etc.] proved, the fitness of the [registrant] to practise has been impaired taking account of the critically important public policy issues”.*

Those “critically important public policy issues” which must be taken into account by Panels were described by the court as:

*“the need to protect the individual [service user] and the collective need to maintain confidence in the profession as well as declaring and upholding proper standards of conduct and behaviour which the public expect... and that public interest includes amongst other things the protection of [service users] and maintenance of public confidence in the profession”.*

Thus, in determining whether fitness to practise is impaired, Panels must take account of a range of issues which, in essence, comprise two components:

- |                           |                                                                                                                                       |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| the ‘personal’ component: | the current competence, behaviour etc. of the individual registrant; and                                                              |
| the ‘public’ component:   | the need to protect service users, declare and uphold proper standards of behaviour and maintain public confidence in the profession. |

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<sup>3</sup> [2008] EWHC 581 (Admin)

As the court indicated in *Cohen*, the sequential approach to considering allegations means that not every finding of misconduct etc. will automatically result in a Panel concluding that fitness to practice is impaired, as:

*“There must always be situations in which a Panel can properly conclude that the act... was an isolated error on the part of the... practitioner and that the chance of it being repeated in the future is so remote that his or her fitness to practise has not been impaired...”*

*It must be highly relevant in determining if... fitness to practise is impaired that... first the conduct which led to the charge is easily remediable, second that it has been remedied and third that it is highly unlikely to be repeated”.*

It is important for Panels to recognise that the need to address the “critically important public policy issues” identified in *Cohen* - to protect service users, declare and uphold proper standards of behaviour and maintain public confidence in the profession - means that they cannot adopt a simplistic view and conclude that fitness to practise is not impaired because, since the allegation arose, the registrant has corrected matters or “learned his or her lesson”.

As indicated in *Brennan v HPC*,<sup>4</sup> in cases where a Panel makes a finding of impairment or imposes a sanction solely on the basis of the ‘public’ components of an allegation, it must explain the reasons for that decision. It is insufficient simply to recite that, for example, it is necessary in order to maintain public confidence in the profession.

### **Degree of harm and culpability**

In assessing the likelihood of the registrant causing similar harm in the future, Panels should take account of:

- the degree of harm caused by the registrant; and
- the registrant’s culpability for that harm.

In considering the degree of harm, Panels must consider the harm caused by the registrant, but should also recognise that it may have been greater or less than the harm which was intended or reasonably foreseeable.

The degree of harm cannot be considered in isolation, as even death or serious injury may result from an unintentional act which is unlikely to be repeated. The registrant’s culpability for that harm should also be considered. In assessing culpability, Panels should recognise that deliberate and intentional harm is more serious than harm arising from the registrant’s reckless disregard of risk which, in turn, is more serious than that arising from a negligent act where the harm may not have been foreseen by the registrant.

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<sup>4</sup> [2011] EWHC 41 (Admin)

## Character evidence

In deciding whether conduct “is easily remediable, has been remedied and is highly unlikely to be repeated”, Panels may also need to consider 'character evidence' of a kind which, in other proceedings, might only be heard as mitigation or aggravation as to sanction after a finding had been made.

Whilst it is appropriate for Panels to do so, in admitting character evidence for the purpose of determining impairment, they must exercise caution. As the Court of Appeal noted in *The Queen (Campbell) v General Medical Council*,<sup>5</sup> issues of culpability and mitigation are distinct and need to be decided sequentially and:

*“The fact that in some cases there will be an overlap, or that the same material may be relevant to both issues, if they arise, does not justify treating evidence which is exclusively relevant to personal mitigation as relevant to the prior question, whether [the allegation] has been established.”*

In deciding whether to admit character evidence, Panels must draw a distinction between evidence which has a direct bearing on the findings it must make and evidence which is simply about the registrant’s general character. The latter will only be relevant if the Panel needs to hear mitigation against sanction.

For example, in considering allegations involving dishonesty, Panels may need to consider character evidence in determining whether the registrant's actions were dishonest, in reaching a decision about impairment or as mitigation in relation to sanction.

When considering impairment, Panels may properly take account of evidence such as the registrant's competence in relation to the subject matter of the allegation; the registrant's actions since the events giving rise to the allegations; or the absence of similar events. However, Panels should not normally rely on such evidence if it is disputed by the registrant and has not yet been the subject of a determination by a regulatory body, tribunal or court.

Character evidence of a more general nature which has no direct bearing on the findings to be made by the Panel, should not be admitted at this point. Expressions of regret or remorse will usually fall within the latter category. However, where there is evidence that, by reason of insight, that regret or remorse has been reflected in modifications to the registrant’s practice, then it may be relevant to the question of impairment.

In deciding whether to admit character evidence at the impairment rather than the sanction phase, Panels need to consider whether the evidence may assist them to determine whether fitness to practise is impaired. Whilst caution needs to be exercised, an over-strict approach should not be adopted as, it is important that all evidence which is relevant to the question of impairment is considered, such as evidence as to the registrant’s general competence in relation to a competence allegation.

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<sup>5</sup> [2005] EWCA Civ 250

In considering evidence of impairment, Panel's will readily recognise and be able to disregard character evidence of a general nature which is unlikely to be relevant. However, as the decision in *Cheatle v GMC*<sup>6</sup> highlights, a Panel must be careful not to refuse to hear evidence at the impairment phase about a registrant's general professional conduct which, when heard at the sanction phase, may raise doubts about its conclusion that the registrant's fitness to practise is impaired.

### **The sequential approach**

In determining whether fitness to practise is impaired, Panels should act in a manner which makes it clear that they are applying the sequential approach by:

- first determining whether the facts as alleged are proved;
- if so, then determining whether the proven facts amount to the statutory ground (e.g. misconduct) of the allegation;
- if so, hearing further argument on the issue of impairment and determining whether the registrant's fitness to practise is impaired; and
- if so, hearing submissions on the question of sanction and then determining what, if any, sanction to impose.

It is important that these four steps should be and be seen to be separate but this does not mean that, for example, Panels must retire four times in every case.

The management of the steps in the process will depend upon the nature and complexity of the case and, as the court accepted in *Saha v. GMC*<sup>7</sup>, the fitness to practise process is composed of "steps" rather than formal "stages".

### **Findings of fact**

Whilst there is no general obligation in law to give separate decisions on finding of fact, in more complex cases it may be necessary to do so. As the Court of Appeal stated in *Phipps v General Medical Council*:<sup>8</sup>

*"every Tribunal ... needs to ask itself the elementary questions: is what we have decided clear? Have we explained our decision and how we have reached it in such a way that the parties before us can understand clearly why they have won or why they have lost?"*

*If in asking itself those questions the Tribunal comes to the conclusion that in answering them it needs to explain the reasons for a particular finding or findings of fact that, in my judgment, is what it should do. Very grave outcomes are at stake. Respondents ... are entitled to know in clear terms why such findings have been made."*

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<sup>6</sup> [2009] EWHC 645 (Admin)

<sup>7</sup> [2009] EWHC 1907 (Admin),

<sup>8</sup> [2006] EWCA Civ 397

## Health and Care Professions Tribunal Service

# PRACTICE NOTE

## Drafting Fitness to Practise Decisions

This Practice Note has been issued by the Council for the Guidance of Panels and to assist those appearing before them.

### Introduction

Panels have a legal duty to explain their decisions and to provide adequate the reasons for them.<sup>9</sup> That duty arises:

- at common law, on the basis that a Panel must give adequate reasons for its decision in order to enable the registrant concerned to exercise the right of appeal. Without knowing the basis for the decision, that right of appeal may be rendered illusory and both the parties and the appellate court must be able to understand why the decision was reached;
- as part of the obligation to provide a fair hearing under Article 6 of the European Convention on Human Rights. In deciding whether the requirements of Article 6 are met, the whole of the proceedings, including the availability of an appeal to the courts, must be considered. Inevitably, the effectiveness of the right of appeal may depend on the Panel providing adequate reasons;
- as a practical consideration, in that Panels should give adequate reasons for their decisions to enable the Professional Standards Authority to consider whether to exercise its statutory powers<sup>10</sup> to challenge the decision.

### What a 'reasoned' decision should include

A decision must be recorded in a manner which explains what the Panel decided and, just as importantly, why it did so. The decision should enable readers, without the need to refer to any other materials, to understand the nature and seriousness of the issues before the Panel, its findings and decision and the reasons for them.

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<sup>9</sup> *Threlfall v General Optical Council* [2004] EWHC 2683 (Admin)

<sup>10</sup> under section 29 of the NHS Reform and Healthcare Professions Act 2002

The reasons for a decision are not simply the conclusions reached, but the reasons for those conclusions. Every decision should be capable of a logical explanation. Reasons must provide readers with a logical explanation of how and why the Panel decision was reached.

The detail required will depend upon the nature and complexity of the case, but decisions should include:

- **the allegations or a description of them**

Where the allegations are lengthy, complex or concern technical matters with which readers may be unfamiliar, an overview may be helpful (“this case concerns the registrant’s conduct towards service users A and B who were receiving [service C] at [facility D] between [dates E and F]”);

- **the Panel’s findings on material questions of fact**

Allegations are based upon facts. The Panel should set out the undisputed facts, the facts in dispute and, in relation to latter, the findings of fact which it made and why. Where the credibility of witnesses is in issue, any factors which led to the evidence of one witness being preferred (consistency, opportunity for knowledge, etc.) should be included;

- **whether the facts found proved amount to the statutory ground(s) of the allegation and why**

The Panel’s judgement on this issue must be recorded in sufficient detail for readers to understand why the facts do or do not amount to the ground(s) alleged. This is particularly important where, for example, the decision is based upon accepted practice within a profession that others may not be familiar with or where the seriousness (or otherwise) of an allegation may not be apparent;

- **whether or not fitness to practise is impaired and why**

Readers may struggle to understand why, if facts were found proved that amounted to the statutory ground, a finding of impairment did not follow. This accept of a decision should address the forward-looking nature of the impairment test, any consideration of the wider public interest, any mitigating or aggravating evidence and the findings that the Panel made on basis of that evidence including the issues of insight, remediation and the risk of repetition.

- **any sanction that was imposed and why it was appropriate**

The Panel must explain what sanction was imposed and why, and how the sanction will protect the public. This should include an explanation of any sanction which was regarded as inappropriate and, if the sanction imposed deviates from the HCPC’s Indicative Sanctions Policy<sup>11</sup>, why that deviation is appropriate.

- **any relevant procedural issues**

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<sup>11</sup> failure to do so may lead to the Panel being accused of ignoring the policy



A decision should record all significant procedural steps and how they were dealt with, including adjournment requests, Human Rights Act and other legal challenges and any advice given by the Legal Assessor. Any decision by a Panel to disregard the advice given by a Legal Assessor must be recorded in detail.

## **Drafting Style**

The length and detail of decisions will vary according to nature and complexity of the case before the Panel and the decision it has reached. However, Panels should seek to establish a consistent approach to drafting decisions. So far as possible, decisions should be concise yet comprehensive, written in plain English and:

- be written in clear and unambiguous terms, using short sentences and short paragraphs;
- be written in plain English, avoiding jargon, technical or esoteric language (or explaining any that must be used);
- avoid complicated or unfamiliar words and use precise but everyday language (e.g. “start” instead of “commence”);
- be written for the target audience, so that the registrant concerned, any complainant and other interested parties can understand the decision reached and the reasons for it;
- be self-contained, so that without any other materials the reasonably intelligent and literate reader is able to understand the case before the Panel, the decision it reached and why it did so.

## **Drafting Orders**

Where a Panel finds a registrant’s fitness to practise is impaired and imposes a sanction upon the registrant, its decision must clearly set out the order which it has made.

Caution Orders, Suspension Orders and Striking Off Orders should all be expressed in a form which is addressed to the Registrar who, in accordance with the Panel’s decision, must annotate or amend the Register from the date that the order takes effect (i.e. once any period for making an appeal has expired, or any appeal has concluded or been withdrawn). For example:

### ***Caution Order***

**ORDER:** That the Registrar is directed to annotate the register entry of [name] with a caution which is to remain on the register for a period of [three] year(s) from the date this order comes into effect.

### ***Suspension Order***

**ORDER:** That the Registrar is directed to suspend the registration of [name] for a period of [x] year(s) from the date this order comes into effect.

### ***Striking Off Order***

**ORDER:** That the Registrar is directed to strike the name of [Registrant] from the Register on the date this order comes into effect.

The opening paragraph of any Conditions of Practice Orders should similarly be addressed to the Registrar, but making appropriate reference to the registrant. The detailed conditions should be written in the second person (“you”, “your”) so that they are clearly addressed to the registrant concerned. For example:

### **Conditions of Practice**

**ORDER:** The Registrar is directed to annotate the Register to show that, [for a period of [time]] from the date that this Order comes into effect (“the Operative Date”), you, [name of registrant], must comply with the following conditions of practice:

1. Within [time period] of the Operative Date you must etc.....

### **Drafting Conditions of Practice**

From the above examples it is clear that the drafting of Conditions of Practice Orders is the more difficult task. This is especially so given that Orders do not take effect on a fixed date, but only when the relevant appeal period has expired or any appeal has been disposed of or withdrawn.

For the other Orders, which simply run for a fixed period of years, this does not cause much difficulty. However, conditions of practice inevitably involve periodic compliance arrangements. If conditions of practice are to work, then the dates on which evidence of compliance is to be sent to the HCPC must be clear and certain, so that prompt follow up action can be taken in respect of those who fail to comply. The simplest means of overcoming this difficulty is to define the date on which the Order finally takes effect as its “Operative Date” and then to relate all other dates and time limits to that Operative Date.

In drafting Conditions Of Practice Orders, Panels also needs to consider the following three issues:

- **are the conditions realistic?**

Will the registrant be able to comply with these conditions; are they proportionate; do they provide the necessary level of public protection; and will they work if the registrant changes jobs?

For example, if the conditions require the registrant to improve treatment premises, facilities or equipment, they should only be set at the standard reasonably required of a typical practitioner from the profession or specialism concerned. In setting conditions of this kind, Panels should take account of any relevant guidance issued by professional bodies or similar organisations.

Equally, if conditions have been prepared with the support of the registrant’s employer and are thus job-related, it may be necessary to include a condition requiring the registrant to inform the HCPC if the registrant changes jobs.

- **are the conditions verifiable?**

Do they impose obligations that require straightforward 'yes' or 'no' compliance decisions; do they simply require the registrant to do something or must they also prove it has been done; can the due dates be clearly determined?

For example, conditions requiring a registrant not to deal with certain types of case or service user may not need ongoing proof of compliance but many other conditions will need to be supported by evidence, such as periodic written confirmation that the registrant is continuing to undergo alcohol dependency treatment. Where evidence is required it should be in a form which allows 'yes' or 'no' decisions to be made. Conditions requiring registrants to submit documents or records to the HCPC for assessment or audit will not meet this requirement.

In cases where compliance with conditions may need to be verified by the HCPC by means of inspection - for example, conditions to improve premises or facilities, record keeping systems or chaperoning arrangements - the Panel's order should include a specific requirement that the registrant must allow and co-operate with inspection by HCPC upon reasonable notice.

- **are the conditions directed at the right person?**

Do the conditions clearly impose obligations on the registrant; are any conditions mistakenly directed at someone else?

It is for the registrant to comply with the conditions which have been imposed and, in drafting orders, care must be taken not to inadvertently impose a condition on a third party, such as an employer or GP. There is a significant difference between "you must submit to the Committee evidence from the doctor treating you that..." and "your GP must submit to the Committee evidence that..."

## **Conditions Bank**

Example conditions of practice are provided in the 'Conditions Bank' set out in the Annex to this Practice Note. Those conditions are not intended to be either prescriptive or definitive but are intended to assist Panels in the drafting of Conditions of Practice Orders.

## **Advice from the Legal Assessor**

Panels are reminded that Legal Assessors may assist a Panel in the drafting of its decision. Panels should take advantage of the expertise Legal Assessors can offer, especially in relation to decisions which include conditions of practice orders.

The Legal Assessor's role is to assist in the drafting of the decision, not in the making of that decision.

It is important for Panels to ensure that no confusion arises on the part of the registrant or any other party about the role the Legal Assessor. Before retiring to make its decision, a Panel should invite the Legal Assessor to explain this aspect of their role to the parties. Alternatively, the Panel should retire alone to make its decision, return from its deliberations and explain to the parties that it has reached a decision and that the Legal Assessor is now being asked to assist the Panel in the drafting of that decision.

**22nd March 2017**

## Annex

### CONDITIONS BANK

#### A. Introductory paragraph

**ORDER:** The Registrar is directed to annotate the HCPC Register to show that, *[for a period of [time]]* from the date that this Order takes effect (“the Operative Date”), you, *[name of registrant]*, must comply with the following conditions of practice:

1. *[set out conditions as numbered paragraphs]*

#### B. Education and training requirements

1. Within *[time period]* of the Operative Date you must:
  - A. satisfactorily complete *[name of course, etc.]*; and
  - B. forward a copy of your results to the HCPC.
2. Within *[time period]* of the Operative Date you must:
  - A. take and pass *[name of examination, etc.]*; and
  - B. forward a copy of your results to the HCPC.
3. Before undertaking *[type of practice, work or procedure]* you must:
  - A. satisfactorily complete *[a period of supervised practice/refresher training/examination, etc.]*; and
  - B. forward a copy of your results to the HCPC.

#### C. Practice restrictions

1. You must confine your professional practice to *[set out restriction]*.
2. You must not carry out *[type of work or procedure]**[unless directly supervised by a [type of person]]*.
2. You must maintain a record of every case where you have undertaken *[type of work or procedure]* *[which must be signed by [supervisor]]* and you must:
  - A. provide a copy of these records to the HCPC on a *[monthly etc.]* basis, the first report to be provided within *[time]* of the Operative Date, or confirm that there have been no such cases during that period; and
  - B. make those records available for inspection at all reasonable times by any person authorised to act on behalf of the HCPC.

4. You must not undertake [*work/consultations*] with [*type(s) of service user*].
5. You must not undertake intimate examinations of service users.
6. You must not undertake any out-of-hours work or on-call duties [*other than at [location]*]
7. You must not [*prescribe*][*administer*][*supply*][*possess*][*any [type of] prescription medicines*]
8. You must not prescribe [*any or type of prescription medicines*] for [*yourself/a member of your family/etc.*].
9. You must not act as a supplementary prescriber.

## **D Chaperones**

1. Except in life threatening emergencies, you must not be involved in the direct provision of services to [*female service users/male services users/service users under the age of X etc.*] without a chaperone being present.
2. You must maintain a record of:
  - A. every case where you have be involved in the direct provision of services to [*female service users etc.*], in each case signed by the chaperone; and
  - B. every case where you have be involved in the direct provision of services to such service users in a life-threatening emergency and without a chaperone being present.
3. You must provide a copy of these records to the HCPC on a [*monthly etc.*] basis, the first report to be provided within [*time*] of the Operative Date or, alternatively, confirm that there have been no such cases during that period and must make those records available for inspection at all reasonable times by any person authorised to act on behalf of the HCPC.

## **E. Supervision requirements**

1. You must place yourself and remain under the supervision of [*workplace supervisor, medical supervisor etc.*] registered by the HCPC or other appropriate statutory regulator and supply details of your supervisor to the HCPC within [*time period*] of the Operative Date. You must attend upon that supervisor as required and follow their advice and recommendations.

## **F. Treatment requirements**

1. You must register with and remain under the care of a [*general practitioner/occupational health specialist etc.*] and inform him or her that you are subject to these conditions.

2. You must inform your [*general practitioner/occupational health specialist etc.*] about these conditions of practice and authorise that person to provide the HCPC with information about your health and any treatment you are receiving.
3. You must keep your professional commitments under review and limit your professional practice in accordance with the advice of your [*general practitioner/occupational health specialist/therapist*].
4. You must cease practising immediately if you are advised to do so by your [*general practitioner/occupational health specialist/therapist*].

## **G Substance dependency**

1. You must make arrangements for the testing of your [*breath, blood, urine, saliva, hair*] for the [*recent and/or long-term*] ingestion of alcohol and other drugs every [*insert frequency*]. You must provide to the HCPC details of the testing arrangements and forward copies of the test results to the HCPC within [*insert frequency*] of them being received by you.
2. You must attend regular meetings of [*Alcoholics Anonymous/Narcotics Anonymous*] or any other recognised support group and must provide the HCPC with evidence of your attendance at such meetings.
3. You must [*limit your*][*abstain absolutely from the*] consumption of alcohol.
4. You must refrain from self-medication [, [*including*][*apart from*] *over the counter medicines [containing [active ingredient] and] which do not require a prescription,*] and only take medicines as prescribed for you by a healthcare practitioner who is responsible for your care.

## **H. Informing the HCPC and others**

1. You must promptly inform the HCPC if you cease to be employed by your current employer or take up any other or further employment.
2. You must promptly inform the HCPC of any disciplinary proceedings taken against you by your employer.
3. You must inform the following parties that your registration is subject to these conditions:
  - A. any organisation or person employing or contracting with you to undertake professional work;
  - B. any agency you are registered with or apply to be registered with (at the time of application); and
  - C. any prospective employer (at the time of your application).

## **I. Personal development**

1. You must work with [*supervisor etc.*] to formulate a Personal Development Plan designed to address the deficiencies in the following areas of your practice:

*[List areas found to be unacceptable or a cause for concern, or which the Panel have determined to be of concern]*

2. Within three months of the Operative Date you must forward a copy of your Personal Development Plan to the HCPC.
3. You must meet with [*supervisor etc.*] on a [*monthly etc.*] basis to consider your progress towards achieving the aims set out in your Personal Development Plan.
4. You must allow [*supervisor etc.*] to provide information to the HCPC about your progress towards achieving the aims set out in your Personal Development Plan.
5. You must maintain a reflective practice profile detailing every occasion when you [*specify activity etc.*] and must provide a copy of that profile to the HCPC on a [*monthly etc.*] basis or confirm that there have been no such occasions in that period, the first profile or confirmation to be provided within [*time*] of the Operative Date.

## **J. Costs, approvals etc.**

1. You will be responsible for meeting any and all costs associated with complying with these conditions.
2. Any condition requiring you to [*provide any information to*] [*obtain the approval of*] the HCPC is to be met by you [*sending the information to the offices of the HCPC, marked for the attention of*] [*obtaining written approval from*] the Director of Fitness to Practise or Head of Case Management



**Final Hearing Decision Tree**

